CAMPAIGN CONTRIBUTI	ONS AND	EXPENSES	REPORT	State	of Nevada
AMERICAN INSURANCE AS		N PAC-NEVA	.DA	· -	A
980 9th Street, #2060), Sacram	ento, CA 9	5814	(916) 442.	District (if applicable) 7617
Mailing Address (include city and zip code) bzawkiewicz@aiadc.ord	g & kgibs	on@aiadc.c	rg	Telephone No.	
E-Mail Address	II. Waling that water	tyriais, isy igamie aktys	 nttifklim en bekeele mit	one a gjevr∡n e a* degr.	ign gið röfði er segð, com com cy
Select Appropriate Box(es) CANDIDATE	K PAC □ B/	AG POL PRTY	☐ IND EXP	AMENDED 🗀 A	NNUAL FILING
Annual Filing - Due January 1, 2003 - December		004		,	ILE
Report #1 — Due Augus	it 31, 2004			OCT.	0.0004.4
Incumbents in an Office with a 4-year term Incumbents in an Office with a 6-year term		5, 2001 — Aug 26, 20 20, 1998 — Aug 26, 2		וטטו	2 6 2004/
All others	Period: Jan. 1	, 2004 - Aug. 26, 200)4	DEA	N HELLER $^{\sim}$
Ballot Advocacy Groups (BAGs) only:		5, 2002 – Aug 26, 20	U 4	SECRET	ARY OF STATI
Report #2 Due — Octob		27, 2004 — Oct. 21, 2	2004	FOR OF	FICE USE ONLY
Report #3 Due — Januar		D 0004 D- 04-0	1004		
BAGs only:		2, 2004 — Dec. 31, 2 2, 2004 <i>-</i> Dec. 5, 200			
Annual Filing – Due Jan					
Period: January 1, 2004 – D *Third Report suffices for 2005 Ann	ecember 31, 20 ual Filing if car	104 ndidate also file:	d Report Nos. 1	I and 2	
and the second s		The first of the state of the state of	April 1981		
CONTRIBUTIONS					Cumulative From Beginning
					of Report Period #1 through End
				This Period	of This Reporting
Total Monetary Contributions Re	ecolyad in Evenee	MARINESSER MENN	7.1917		Period 1
			_	0 	12,500
Total Monetary Contributions Re	ceived of \$100 of		-		0
			Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
Total Amount of Monetary Cor Received	ntributions	Section of the second s			
(Add Lines 1 and 2)			_	0	12,500
 Total Value of In Kind Contribution Excess of \$100 	ons Received in	0	0		
		•	·		
	EXD	ENSES SUMI	IARY		uspenietika paradetika
Total Monetary Expenses Paid in			nami filozofiere komo kaj ĝi kaj	O	3,000
Total Monetary Expenses Paid of Total Monetary Expenses Paid of				0	0
7. Total Amount of All Monetary E				0	-
(Add Lines 5 and 6) 8. Total Value of In Kind Expenses i	n Excess	1	-		3,000
of \$100		0	0		
		AFFIRMATIO	v ijijijaja		
Declare Under Penalty of Perjury That					
				10.21	.04
ignature			-	Date 1	6

Name (print)	Office (if applicable)	District (if applicable)
AIA PAC-NEVADA		
CAMPAIGN CONTRIE	BUTIONS	Report Period # 2

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH : CONTRIBUTION	CHECK HERE
N/A			<u> </u>

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Revised: Jan-04

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Name (print)	Office (if applicable)	District (if applicable)
AIA PAC~NEVADA		
CAMPAIGN EXPENSES		Report Period # 2

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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Report Period

AIA PAC-NEVADA

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
N/A			
			-
		<u> </u>	

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Name (print)	Office (if applicable)	District (if applicable)
AIA PAC-NEVADA		
IN KIND CAMPAIGN CONTRIBUTIONS		Report Period #2

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTIOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
N/A				
-				

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IN KIND CAMPAI EXPENSES	GN	Report Period # 2
AIA PAC-NEV	/ADA	
Name (print)	Office (if applicable)	District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
N/A	Teo (congri di all'all'alimbi d		
			
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Prescribed by Secretary of State NRS 294A, 120, 294A, 125, 294A,140, 294A,150, 294A,160 294A,200, 294A,210, 294A,220, 294A,352

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Revised: Jan-04

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